

PART B - ISSUE FEE TRANSMITTAL

MAIL ROOM
MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate **SEE AT 1982** for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

B

1. CORRESPONDENCE ADDRESS

KENYON & KENYON,
 ONE BROADWAY
 NEW YORK, NY 10004

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

Check if additional changes are on reverse side

| SERIES CODE/SERIAL NO. | FILING DATE | TOTAL CLAIMS | EXAMINER AND GROUP ART UNIT | DATE MAILED |
|---|-------------|--------------|-----------------------------|---------------|
| 07/365,154 | 08/09/90 | 1802 | HIMDENBURG, H | 8309 10/22/91 |
| First Named Applicant NEUNIRTH, ROBERT S. | | | | |

TITLE OF INVENTION

INTRAUTERINE CAUTERIZING METHOD (AS A HENDEED)

| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN-TYPE | SMALL ENTITY | FEES DUE | DATE DUE |
|-------------------|----------------|-----------|------------|--------------|----------|----------|
| 3 | 126-402.000 | 412 | UTILITY | YES | \$525.00 | 01/22/92 |

3. Further correspondence to be mailed to the following:

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Kenyon & Kenyon

2

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DO NOT USE THIS SPACE
 1 0600 110 242 355.00CH
 1 0600 110 361 30.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

Gynelab Products

(2) ADDRESS: (City & State or Country)

6416 Gainesborough Dr. Raleigh, NC 27612

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

North Carolina

6a. The following fees are enclosed:

Issue Fee Advanced Order - # of Copies _____

6b. The following fees should be charged to: _____ (Minimum of 10)

DEPOSIT ACCOUNT NUMBER 11-0600

(Enclose Part C)

Issue Fee Advanced Order - # of Copies 10

Any Deficiencies in Enclosed Fees (Minimum of 10)

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature or party in interest or record)

(Date)

1/22/92

A. This application is NOT assigned.

Assignment previously submitted to the Patent and Trademark Office.

Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.